🖟 FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB Number: 3235-0076 Expires: April 30, 2008 stimated average burder ours.per response. . . 16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D. 14
SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) AFS Technologies, Inc. – Series H 8% Redeemable Convertible Preferred Stock	
Filing Under (check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) ☐ UL Type of Filing: ☐ New Filing ☐ Amendment	OE
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A. BASIC IDENTIFICATION DATA	
I. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) AFS Technologies, Inc.	— 07079390
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephor	ne Number (Including Area Code)
2141 East Highland Avenue, Suite 100, Phoenix, Arizona 85016 (602) 522	2-8282
Address of Principal Business (Number and Street, City, State, Zip Code) Operations (if different from Executive Offices) Brief Description of Business	ne Number (Including Area Code)
Software solutions	
I I bronden de de de la constante de la consta	other (please specify): Limited Liability Company
Actual or Estimated Date of Incorporation or Organization: Month Year 9 7 Actual Estimated	PROCESSED
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
	PROCESSED OCT 1 2 2007 THOMSON
CN for Canada; FN for other foreign jurisdiction)	THOMAS
GENERAL INSTRUCTIONS	FINANCIAL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 u.s.c. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information required, Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

SEC 1972 (6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			1 Dict	a tockrinia ation i	\		
2.	Enter the inform	ation requested	for the following:	C IDENTIFICATION I	DATA		
•	Each promoter of	of the issuer, if th	ne issuer has been organiz e power to vote or dispos	ed within the past five ye	ars;	6 or more of a class of ea	uity securities of the
•	issuer;		tor of corporate issuers ar				
	Each general an	d managing parti	ner of partnership issuers.				<u>.</u>
Check Bo	x(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	Member of General Partner
	e (Last name first					Managing Further	Tartiler
	Capital Partners		nd Street, City, State, Zip	Code			
	or Residence Add on Avenue, New '		id Street, City, State, Zip	Code)			
Check Bo	x(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or ☐ Managing Partner	Member of General Partner
	e (Last name first, oga SBIC, L.P.	if individual)					
Business of	or Residence Add		nd Street, City, State, Zip Menlo Park, CA 94025	Code)			
	x(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director	General and/or	Member of General
	(Last name first,					Managing Partner	Partner
Jacob, Ku	rien						
			id Street, City, State, Zip (land Avenue, Suite 100, I				
	x(es) that Apply:		Beneficial Owner	Executive Officer	Director	General and/or	Member of General
Full Name	(Last name first,				-	Managing Partner	Partner
Gudihal, S		oc (Numberen	d Street, City, State, Zip	Codo)			
			land Avenue, Suite 100, F				
	t(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name Greene, Jo	(Last name first,	if individual)					
Business o	r Residence Addr		d Street, City, State, Zip (
	echnologies, Inc., (es) that Apply:	2141 East Hight	land Avenue, Suite 100, P Beneficial Owner	Phoenix, Arizona 85016 Executive Officer	Director	General and/or	
		_	Beneficial Owner	Z Executive Officer	☐ Director	Managing Partner	
Nezvadovi							
			d Street, City, State, Zip (and Avenue, Suite 100, P				
	(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or	
Full Name	(Last name first,	if individual)				Managing Partner	
Whinnie, L	isa						
			d Street, City, State, Zip C and Avenue, Suite 100, P				
	(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or	
F11 N	(1					Managing Partner	
Kadin, Lee							
			Street, City, State, Zip C				
_	(es) that Apply:	Promoter	and Avenue, Suite 100, P Beneficial Owner	Executive Officer	Director	General and/or	
	(Last name first, i	f individual)		·		Managing Partner	
Recht, Fran		se (Number and	Street, City, State, Zip C	'ode)	<u> </u>		
			and Avenue, Suite 100, Pl	hoenix, Arizona 85016			
Check Box	(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Skoog, Mar	(Last name first, i	f individual)					
		ss (Number and	Street, City, State, Zip C	ode)	•		
c/o AFS Te	chnologies, Inc., 2	2141 East Highla	and Avenue, Suite 100, Pf	noenix, Arizona 85016	Π n·	D a	<u> </u>
<u> </u>	(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Greene, Jon		<u> </u>					
			Street, City, State, Zip C and Avenue, Suite 100, Ph				
SOME OF THE	oranorogius, IIIC., 4	Last Highla	ma memue, suite 100, FE	ACCULATION AND AND AND AND AND AND AND AND AND AN			

					200000000
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	(individual)				
Barandiaran, Walter					
Business or Residence Addres					
c/o AFS Technologies, Inc., 2	141 East Highl	and Avenue, Suite 100, I	Phoenix, Arizona 85016		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Roldan, Art	individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip	Code)		
c/o AFS Technologies, Inc., 2					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Bartkowski, Adam					
Business or Residence Addres					
c/o AFS Technologies, Inc., 2	141 East Highla	and Avenue, Suite 100, I	hoenix, Arizona 85016		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Garrett, Paul					
Business or Residence Addres	ss (Number and	Street, City, State, Zip	Code)		
c/o AFS Technologies, Inc., 2	141 East Highla	and Avenue, Suite 100, F	hoenix, Arizona 85016		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if	individual)	-			-
Wick, Tyler	•				
Business or Residence Addres	s (Number and	Street, City, State, Zip	Code)		
c/o AFS Technologies, Inc., 2	141 East Highla	ind Avenue, Suite 100, F	hoenix, Arizona 85016		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Bendix, Joseph					
Business or Residence Addres	s (Number and	Street, City, State, Zip (Code)		
c/o AFS Technologies, Inc., 2	141 East Highla	and Avenue, Suite 100, P	hoenix, Arizona 85016		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	B. INFORMATION OFFERING											
					B	. INFORM	AATION C	FFERING	<u> </u>		<u> </u>	Yes No
I.	Has the issu	er sold, or d	oes the issu	er intend to	sell, to no	n-accredited	l investors i	n this offer	ing?	•		Yes No
	Answer also in Appendix, Column 2, if filing under ULOE.											
2. What is the minimum investment that will be accepted from any individual?										N/A		
										Yes No		
3. Does the offering permit joint ownership of a single unit?										\(\alpha\)		
4.												or similar remuneration for
												or agent of a broker or s to be listed are associated
	persons of si									o didii iivo	(5) persons	o to de libite alle abboilted
	•		,	,					•			
Full	Name (Last n	ame first_if	`individual'	\								
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Rosi	ness or Resid	ence Addres	s (Number	and Street	City State	Zin Code)						
Dusi	nos or resid	ciice Addie.	ss (ivallioci	and street,	City, State,	, zip code)						
Nam	e of Associate	ed Broker o	r Dealer									
	s in Which Po											[T] All Control
(Cne	ck "All States	or check i	ndividual S	tates)						****************	**************	. 🔲 All States
[AL]	[AK]	[47]	[AD]	(CA)	(CO)	[CT]	(DE)	(DC)	(EL)	[GA]	tun	uni
(KC)	[IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[ME]	[DE] [MD]	(DC) [MA]	[FL] [MI]	[GA] [MN]	(HI) [MS]	[ID] [MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[AV]	[WA]	[wv]	[wi]	(WY)	[PR]
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rull !	Name (Last n	ame first, if	individual)									
Busin	ness or Reside	nce Addres	s (Number	and Street	City State	Zin Code)						
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Nam	e of Associate	d Broker or	Dealer									
	1											
	s in Which Pe ck "All States											□ All States
(Cne	AII STRICES	or eneck t	narviduai S	iates)					****************		***************************************	U All States
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[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount 1. already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Type of Security Aggregate Offering Price Already Sold Equity..... ☐ Common ☑ Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify) Answer also in Appendix, Column 3, if filing under ULOE *The Series H 8% Redeemable Convertible Preferred Stock is convertible into common stock in accordance with the Issuer's Certificate of Designations of the Series H 8% Redeemable Convertible Preferred Stock. Enter the number of accredited and non-accredited investors who have purchased securities 2. in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 3,715,005 Accredited Investors Non-accredited Investors.... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all 3. securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Dollar Amount Type of Type of offering Security Sold Rule 505..... Regulation A Rule 504..... Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the 4. securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs..... Legal Fees Engineering Fees Sales Commissions (specify finders' fees separately).....

Other Expenses (identify).....

\$.130,000

	C. OFFERING PRICE.	NUMBER OF INVESTORS,	EXPENSES A	ND USE OF I	PROCEEDS
	b. Enter the difference between the — Question 1 and total expenses furn	aggregate offering price given in response to Part C - Question reeds to the issuer."	onse to part C 4.a. This		\$ 3,585.00
5.	to be used for each of the purposes s furnish an estimate and check the bo	usted gross proceeds to the issuer used hown. If the amount for any purpose is x to the left of the estimate. The total ted gross proceeds to the issuer set for	s not known, of the		
				Payments to Officers, Directors & Affiliates	Payments to Others
	Salaries and Fees] S	□ s
	Purchase of real estate] \$	□ \$
	Purchase, rental or leasing and instal	lation of machinery and equipment] \$	S
		lings and facilities] S	
	Acquisition of other businesses (incl offering that may be used in exchang	uding the value of securities involved in the assets or securities of another securities	n this issuer] \$	⊠ \$_3.585.005
	Repayment of Indebtedness		_	S	□ s
	Working capital			S	⊠ \$
	Other (specify)] \$	□ s
				S	□ s
	Total Payments Listed (column total	s added)		×	\$_3,585,005
		D. FEDERAL SIGNA	TURE		
unde Excl	issuer has duly caused this noticer rule 505, the following signaturange Commission, upon writter stor pursuant to paragraph (b)(2	are constitutes an undertaking by request of its staff, the inform	by the issuer to	furnish to the U	J.S. Securities and
Issue	er (Print or Type)	Signature	1	Date	
AFS	Technologies, Inc.	What -	\$	September 27, 2	2007
	ne of Signer (Print or Type) en Jacob	Tipe of Signer (Print or Ty CEO	ype)		
	Internal and the	ATTENTION	1111111	(C IR II C.C.	1001

		E. STATE SIC	NATURE		
1.	Is any party described in 17 CFR 230 provisions of such rule?			Yes	No
		See Appendix, Column 5	, for state response.	_	
2.	(17 CFR 239.500) at such times as re	equired by state law.	administrator of any state in which this notice is fi		
3.	offerees.	takes to turnish to the state	administrators, upon written request, information f	urnished by th	ie issue
4.	The undersigned issuer represents th	state in which this notice is	the conditions that must be satisfied to be entitled filed and understands that the issuer claiming the avave been satisfied.		
	r has read this notification and knows t ed duly authorized person.	he contents to be true and h	as duly caused this notice to be signed on its behalf	by the	
		Al.	•		
	int or Type) inologies, Inc.	Signature	Date September 27, 2007		
Name (Pri Kurien Jac	int or Type) cob	Title (Print of Type) CEO		···	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	T	2	3			5			
	Intend (non acc	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)	Type of investor and amount purchased in State (Part C-Item 2)					ification State (if yes, ach ation of granted) — Item Not cable
State	Yes	No	Series H 8% Redeemable Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL				. ,					
AK		·-							_
AZ		х	\$50,001	1	\$50,001				
AR									
CA		X	\$3,500,001	1	\$3,500,001				
со									
СТ									
DE					<u> </u>				
DC									
FL		х	\$165,003	3	\$165,003				
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APPENDIX

1	T .	2	3	Γ				,	5
	Intend t	to sell to credited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Series H 8% Redeemable Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		cable
MT							<u> </u>	Yes	No
NE					<u> </u>				
NV	 				 	<u> </u>	<u> </u>		
NH		<u>'</u>					ļ. <u>-</u>	<u> </u>	
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